



Department of Environment and Conservation  
Division of Underground Storage Tanks  
4<sup>th</sup> Floor, L & C Tower  
401 Church Street  
Nashville, Tennessee 37243-1541

## CORRECTIVE ACTION COST PROPOSAL

**PROGRAM TASK PHASE II CORRECTIVE ACTION** - Costs associated with the operation and maintenance of a treatment system, corrective action monitoring, site status monitoring and reporting

BRIEF DESCRIPTION OF WORK BEING PERFORMED:

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*DO NOT COMBINE FIELD TIME WITH REPORT PREPARATION TIME. USE A SEPARATE REPORT PAGE FOR EACH REPORT.*

FACILITY NAME \_\_\_\_\_

FACILITY ID No. \_\_\_\_\_

TOTAL ESTIMATED COSTS  
FOR EACH CATEGORY

a. PERSONNEL	_____
b. RENTALS	_____
c. MILEAGE	_____
d. HAULING AND DISPOSAL	_____
e. ANALYSIS	_____
f. REPORTS	_____
g. MISCELLANEOUS	_____
<b>TOTAL</b>	=====

## PHASE II CORRECTIVE ACTION-PERSONNEL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

DESCRIPTION OF EVENT:

<u>Name</u>	<u>Billing Title</u>	<u>Hrs.</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	
_____	_____ X _____	X _____	_____	_____ = _____	

### Total Personnel Costs

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

\_\_\_\_\_

## PHASE II CORRECTIVE ACTION-PERSONNEL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Operation and  
Maintenance

DESCRIPTION OF EVENT:

<u>Name</u>	<u>Billing Title</u>	<u>Hrs.</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____
_____	_____	X _____	X _____	_____	= _____

**Total Personnel Costs**

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

## PHASE II CORECTIVE ACTION-RENTALS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

*All rentals should be shown on this form.*

<u>Description of Each Rental Item</u>	<u>Unit Time</u>	<u>Rate</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____
_____	X	_____	X	_____	= _____

### Total Rental Costs

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

\_\_\_\_\_

## PHASE II CORRECTIVE ACTION-RENTALS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Operation and  
Maintenance

*All rentals should be shown on this form.*

<u>Description of Each Rental Item</u>	<u>Unit Time</u>	<u>Rate</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____
_____	X	X	_____	=	_____

### Total Rental Costs

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

## PHASE II CORRECTIVE ACTION-MILEAGE

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

*Rental vehicles should only include mileage. Vehicle rental costs will not be reimbursed.*

<u>Description of Vehicle</u>	<u>Miles</u>	<u>Rate</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
<b><u>CARS</u></b>					
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
<b><u>TRUCKS</u></b>					
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
<b><u>OTHER VEHICLES</u></b>					
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____
_____	X _____	X _____	_____	= _____	_____

**Total Rental Costs**

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

\_\_\_\_\_

## PHASE II CORRECTIVE ACTION-MILEAGE

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Operation and  
Maintenance

*Rental vehicles should only include mileage. Vehicle rental costs will not be reimbursed.*

<u>Description of Vehicle</u>	<u>Miles</u>	<u>Rate</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
<b><u>CARS</u></b>					
_____	X		X		=
_____	X		X		=
_____	X		X		=
_____	X		X		=
_____	X		X		=
_____	X		X		=
<b><u>TRUCKS</u></b>					
_____	X		X		=
_____	X		X		=
_____	X		X		=
_____	X		X		=
<b><u>OTHER VEHICLES</u></b>					
_____	X		X		=
_____	X		X		=
_____	X		X		=
_____	X		X		=
<b>Total Rental Costs</b>					=

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

## PHASE II CORRECTIVE ACTION-HAULING AND DISPOSAL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

*Include all costs associated with hauling and disposal of contaminated soil and/or water. This includes incineration, landfilling, landfarming, and drum disposal.*

### **Trucking**

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

### **Disposal**

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

**Total Rental Costs**

\_\_\_\_\_



## PHASE II CORRECTIVE ACTION-HAULING AND DISPOSAL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Operation and Maintenance

*Include all costs associated with hauling and disposal of contaminated soil and/or water. This includes incineration, landfilling, landfarming, and drum disposal.*

### Trucking

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

### Disposal

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

**Total Hauling and Disposal Costs**

\_\_\_\_\_

## PHASE II CORRECTIVE ACTION-ANALYSIS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

*Bulk rates are expected to be obtained whenever possible. BTX and GRO should be run together when applicable.*

<u>Chemical of Concern</u>	<u>Soil/Water</u>	<u>Quantity</u>	<u>Rate</u>	<u># Projected Events</u>	<u>Units*</u>	<u>Costs</u>
BTEX, GRO, MTBE	SOIL	X	X		=	
BTEX, GRO, MTBE	WATER	X	X		=	
BTEX, GRO, MTBE, EPH	SOIL	X	X		=	
BTEX, GRO, MTBE, EPH	WATER	X	X		=	
EPH		X	X		=	
TCLP	SOIL	X	X		=	
PAH's		X	X		=	
Metals		X	X		=	
<b>Effluent Samples</b>						
Suspended Solids	WATER	X	X		=	
Oil & Grease	WATER	X	X		=	
Lead (Pb)	WATER	X	X		=	
PH	WATER	X	X		=	
BTEX	WATER	X	X		=	
Iron (Fe)	WATER	X	X		=	
Manganese (Mn)	WATER	X	X		=	
Other (_____)		X	X		=	

### Total Analysis Costs

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

## REPORTS (attach pages for applicable report)

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

### REPORTS

CORRECTIVE ACTION MONITORING REPORT (with as built diagram)

CORRECTIVE ACTION MONITORING REPORT (semiannual)

MONTHLY DISCHARGE REPORT

QUARTERLY DISCHARGE REPORT

CLOSURE MONITORING REPORT

REPORT FROM ABOVE LIST.....

*Personnel costs include salary, fringe benefits, multipliers, and overhead costs including insurance. Use only the titles listed in the UST Reasonable Rates under staff descriptions.*

<u>Personnel</u>	<u>Billing Title</u>	<u>Hrs.</u>	<u>Rate</u>	<u># of Projected Events</u>	<u>Units*</u>	<u>Costs</u>
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____
_____	_____	X _____	X _____	_____	_____	= _____

### **Total Report Costs**

\*Indicate units (i.e.-monthly, quarterly, semi-annually, annually)

\_\_\_\_\_

## PHASE II CORRECTIVE ACTION-MISCELLANEOUS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Monitoring

*Miscellaneous costs include supplies, freight, permits, per diem, utilities, and any other items which do not fit any of the other categories.*

<u>Description Item(s)</u>	<u>Quantity</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>Total Miscellaneous Costs</b>					_____

## PHASE II CORRECTIVE ACTION-MISCELLANEOUS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase II Corrective Action

CLEANUP EVENT - Operation and  
Maintenance

*Miscellaneous costs include supplies, freight, permits, per diem, utilities, and any other items which do not fit any of the other categories.*

<u>Description Item(s)</u>	<u>Quantity</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>Total Miscellaneous Costs</b>					_____